

## (1) PLACE OF BIRTH

County of Marlboro  
 Township of Brightville  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

27198

Registration District No. 3302 Registered No. 49  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Clark Jr If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6 28 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Tuel Jr(9) PRESENT POSTOFFICE OF FATHER Gibson NC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 49  
 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Gertude Goodwin(15) PRESENT POSTOFFICE OF MOTHER Gibson NC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26  
 (Years)(18) BIRTHPLACE SC(19) OCCUPATION House Work(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. A. Gibson M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Gibson NC

Given name added from a supplement-  
 al report

(26) Witness .....  
 (Signature of Witness necessary only  
 when question 23 is signed by mark)

(27) Filed 9/4 1922 (28) L. A. Gibson  
 Registrar Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
 If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths  
 before the fifth month of pregnancy.